
**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCIL**

JULY 25 2001

OMB Control No: 0980-0162
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SECTION I: COUNCIL IDENTIFICATION

A. State Plan Period: Beginning: October 1, 2001 through September 30, 2006

B. Contact Person: Marilyn Sword

C. Phone Number (208) 334-2178

C. Council Establishment:

- (1) Date of Establishment: July 1, 1978_____
 - (2) Authorization: X State Statute ☐ Executive Order ☐ N/A
 - (3) Authorization Citation: _67-6701 Idaho Code_____
-

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D. Council Membership: [Section 125(b)(1)-(6)]. Complete the following chart providing the name of each Council member (and proxy/alternate, if any), name of the agency/organization s/he is representing, beginning and ending dates of appointments, and category of membership using the codes provided.

Council Membership Category Codes

Agency/Organizational Representatives

A1 = Rehab Act
 A2 = IDEA
 A3 = Older Americans Act
 A4 = SSA, Title XIX
 A5 = P&A
 A6 = University Center(s)
 A7 = NGO/Local
 A8 = SSA/Title V
 A9 = Other

Citizen Member Representatives

B1 = Individual with DD
 B2 = Parent/Guardian of child
 B3 = Immediate Relative/Guardian
 of adult with mental impairment
 C1 = Individual now/ever in
 institution
 C2 = Immediate relative/guardian
 of individual in institution

#	Last Name	First Name	MI	Agency Org. Code	Agency/Org. name	Appt. date	Appt. Expire d Date	Alt/ Proxy Name
1	Baugh	Jim		A5	Co-Ad, Inc(P&A)	2/2/96	7/1/02	
2	Betzer	Rick		B2		7/1/00	7/1/03	
3	Burdic	Mark		B1		7/1/99	7/1/02	
4	Burpee	Scott		A7	Valley Vista (NGO)	7/1/99	7/1/02	
5	Deibert	Ken		A4	Id. State School & Hospital (Title XIX)	7/1/00	7/1/03	
6	Dunagan	Cynthia		A7	Provider Affiliates (Loc Agency)	7/1/99	7/1/02	
7	Gneiting	Kathy		B2		7/1/98	7/1/02	
8	Hyatt	Jacque		A2	Dept of Ed	7/1/99	7/1/02	
9	Jackson	Bob		B2		7/01/01	7/1/04	
10	Jensen	Carolyn		B1		7/1/96	7/1/02	
11	Laney	Kristi		B1		9/20/95	7/1/03	

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12	Peterson	Judy		A8	Title V MCH	7/1/01	7/1/04	
13	Sanchez	Socorro		C2		7/1/97	7/1/03	
14	Seiler	Ron		A6	Center for Excellence	9/20/95	7/1/03	
15	Shanahan	Roger		B2		7/1/01	7/1/04	
16	Smith	Jill		B2		7/1/01	7/1/04	
17	Smith	Mike		B1		7/1/00	7/1/03	
18	Thompson	Barry		A1	Voc Rehab	7/1/01	7/1/04	
19	Ward	Craig		B2		7/1/01	7/1/04	
20	Wilding	Theresa		B1		7/1/01	7/1/04	
21	Wimmer	Ed		A9		7/1/01	7/1/04	
22	Zago	Barbara		B2		7/1/00	7/1/03	
23	Vacant			A3	Comm on Aging			

Council membership plan for compliance (500 characters)

The Council is in compliance with the Act. The position which represents the Older Americans Act is vacant, however, the Council is working with the Idaho Commission on Aging to fill this vacancy.

E.Council Staff. [Section 125(c)(8)(B

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	MI
1	Executive Director	X			Sword	Marilyn	
2	Program Specialist	X			Legarreta	Robyn	
3	Program Specialist	X			Pisani	Christine	
4	Program Specialist/Planner	X			Marshall	Lisa	
5	Administrative Assistant	X			Stanley	Pam	
6	Office Specialist	X			Fleming	Rossitta	
7	Assistant Partners Coordinator	<input type="checkbox"/>	X	<50 %	Rinne	Mary Anne	

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SECTION II: DESIGNATED STATE AGENCY. [Section 125(d)]

The Designated State Agency (DSA) is:

A. ☐ the Council

B. ☒ Other agency.

1. Agency Name: Idaho Department of Health and Welfare__
2. State DSA Official's Name: _Karl Kurtz, Director_____
3. Address: _450 W State Street, Boise, ID 83720_
4. Phone: _(208) 334-5500_____
5. FAX: ____ (208) 334-6558_____
6. E-mail: _____

C. **Direct Services.** [Section 125(d)(2)(A)-(B)] If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

☐ No ☒ Yes

If yes, describe the general category of services it provides (eg. Health, education, vocational, residential, etc.): (limit 250 characters)

Public health, mental health, developmental disability, child welfare, public assistance, residential and veterans.

D. Does Your Council have a Memorandum of Understanding/Agreement with your DSA? ☒ No ☐ Yes [Section 125(d)(3)(G)]

E. **DSA Roles and Responsibilities related to the Council** (e.g., administrative support): [Section 125(d)(3)(A)-(G)] If DSA is other than the Council, describe (limit 250 characters).

Receives, accounts for and disburses funds according to the state plan and serves a human resource and legal support role. The Council's Director enters into service contracts and approves fiscal documents associated with normal expenses and revenue transactions.

F. **Calendar Year Council or Agency Was Designated as DSA:** (Section 125(d)(2)(B)) __1/1/78__

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SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS [Section 124(c)(3)]

A. Prevalence of Developmental Disabilities in the State

1. Estimated number of people with developmental disabilities living in the State:
_____23,291_____
2. How estimate was created:
 - a. ☒ National prevalence rate (Gollay, 1.8%)
 - b. ☐ Other. Please describe. (limit to 400 characters) _____

B. Environmental Factors Affecting Services. [Section 124(c)(3)] Describe how economic, social, political, and litigative factors effect persons with developmental disabilities and their families in the State. (limit 2,000 characters per topic). Attempt to limit each field to one topic and provide a topic heading appropriate to your State. For each topic you need not fill the entire field of 2000 characters nor do you need to use all 4 fields.

Economic Factors

Despite Idaho's healthy economy, the rift between individuals with developmental disabilities and individuals without disabilities continues to grow. The percentage of Idahoans in higher income brackets increased significantly from 1990 – 1998. The same is not true for people with disabilities. The 1998 National Organization on Disability and Harris Survey of Americans with Disabilities (N.O.D./Harris) survey found that 34% of adults with disabilities lived in households that had an income of \$15,000. The median income for all Idahoans varies across the state. The highest median income was found in Ada County (\$47,808). The region containing the lowest median income was \$27,072. The per capita income in Idaho was \$20,478 during 1997, \$5,120 below the national figure.

The unemployment rate in Idaho during May 2001 was 4.8%. The national unemployment rate was 4.4%. There are no available statistics that indicate the unemployment rate for people with disabilities in Idaho. The best estimate is based on the N.O.D./Harris survey. It found that *only* 29% of people with all disabilities of working age (18 – 64) worked full or part-time. The 1994-1995 Survey of Income and Program Participation had similar findings. Here, 82% of individuals without disabilities between the ages of 21 to 64, worked. Comparatively, just 26% of individuals with a severe disability were employed.

The Idaho Division of Vocation Rehabilitation reported that during 1999, the average wage per hour for its clients who returned to work was \$6.50. People with developmental disabilities, in particular mental retardation, fare less well than individuals with physical disabilities, sensory impairments and/or mental illness. The Institute of Community Inclusion found in a 1997 study that individuals with mental retardation were largely employed in entry-level service industry jobs with low hourly wages and a shorter work-week.

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Social Factors

People with disabilities need and want the skills and knowledge to create change in their communities. There are few grass roots organizations for people with disabilities in Idaho. Currently, efforts are underway to strengthen People First in northern Idaho. Similar efforts will be conducted throughout the state.

Self-directed supports provide the freedom and authority to select supports and services, decide where to live and with whom, and control a personal budget for services. States who have implemented self-directed supports have experienced a reduction in costs over time, but on average, it appears that the costs for self-determined services and supports are comparable to the average cost of providing services in a more traditional way.

Even though services may theoretically be available, they cannot be accessed due to a shortage of providers. Low Medicaid reimbursement rates and a small pool of qualified staff, deter many businesses from providing supports to people with developmental disabilities. For those businesses able to offer services, reimbursement rates and staff shortages also impact the quality of services.

Individuals with significant disabilities encounter greater barriers when attempting to access services. One such obstacle is a lack of access to assistive technology (AT). The situation in Idaho has shown some improvement. Still many barriers are found, including, a lack of funding resources, little awareness and expertise about AT services and devices, minimal coordination between state agencies and greater access to individual advocacy.

Political Factors

Idaho has largely been a one-party state since the 1920s. It is a conservative state whose legislature is largely composed of Republicans. During the 2001 session, of the 105 Legislators, 12 were Democrats.

The Idaho Legislature convenes the first quarter of each year. During 2000, the Joint Finance-Appropriations Committee attached cost control legislative intent language to the Medicaid budget. A fear of “runaway spending” concerned policymakers. According to the Department of Health and Welfare, Medicaid spending has grown 55% since 1996. The cost of services to people with developmental disabilities is projected to increase from \$36 million during 1996 to \$82 million in 2001, a 127% increase. The 2000 legislature appropriated \$600,000 to fund an independent study to examine the increased costs for Medicaid and, in particular, Idaho's high administrative costs for the program. During the 2001 session, legislators again focused on the reduction of Medicaid spending. As a result, a program of utilization management of community-based supports for people with developmental disabilities is being implemented.

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Healthy, well-educated children, safe streets, a clean environment and economic development highlight the agenda for Idaho's Governor, Dirk Kempthorne. The Governor has demanded greater accountability and efficiencies in state spending.

Litigative Factors

The U.S. Supreme Court affirmed in *Olmstead v L.C.* that under the American with Disabilities Act (ADA), individuals with disabilities had the right to receive public benefits and services in the most integrated setting appropriate to their needs. As a result, States must demonstrate that they have: (1) a comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings and (2) a waiting list that moves at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated.

The Community Integration Committee (CIC), comprised of Department of Health and Welfare staff, consumers and advocates, was appointed to assess institutional and community-based services. Recommendations have been developed and submitted to the Department to increase access to integrated services.

C. The State Service System(s): [Section 124(c)(3)(A),(B)(C)(i,ii),(D)]. Provide a summary of the results of the Councils review and analysis of the State service system for people with developmental disabilities. Include reference to relevant interagency initiatives and any specific eligibility barriers to services. Attempt to limit each field to one topic and provide a topic heading appropriate to your State. You need not fill the entire field of 2000 characters nor use all 6 fields. (limit to 12,000 characters, 2000 in each topic)

Housing System

Several residential options exist for individuals with developmental disabilities. For adults, an individual may be supported in the home of a family member or their own home/apartment. Certified Family Homes provide supports for one to four adults. Residential and assisted living facilities and Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) are congregate living arrangements that provide 24 supervision. Children with disabilities can access out-of-home care through the foster care system, ICF-MRs or Personal Care Services program.

One public institution exists for people with developmental disabilities. During fiscal year 2000, the Idaho State School and Hospital served 136 individuals. Residents can be categorized into three groups: the medically fragile; individuals who have severe or profound retardation but who are not medically fragile; and individuals who are dangerous or aggressive. Blending the three populations has raised concerns. The 2000 legislature authorized the use of bonds to construct a 60-bed facility to replace substandard buildings. Construction is expected to begin in June 2001.

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Idaho is experiencing an affordable housing crisis. In March 2001, 10,654 housing subsidy units existed. It is estimated that 143,785 households, or 31%, are unable to afford the area fair market rent. A 1996 "living wage" study reported that for a single adult in Idaho to cover basic expenses and save for emergencies without reliance on public assistance, the individual must earn \$9.22 per hour. Since few low-skilled jobs at this wage exist, this is a pressing challenge for advocates.

The Idaho Housing and Finance Association administers the majority of federal Section 8 rental assistance programs. Section 8 assists low-income families, the elderly or individuals with disabilities obtain decent and affordable rental housing. The demand for rental assistance far exceeds the supply and waiting lists exist across the state.

Vocational System

Employment supports are broken into two basic categories: work services (sheltered work) and community supported employment. Community supported employment includes both enclave work and employment within the community. The number of individuals receiving sheltered work services has slightly decreased. The Idaho Department of Health and Welfare (IDHW) reported in 1999 that 48% of work support recipients received community supported employment services. In 1998, 47% received integrated work supports.

Employment supports are funded by three primary sources: a Social Services Block Grant (SSBG), Medicaid's Home and Community Based Services waiver for persons with a developmental disability (HCBS/DD) and the Idaho Division of Vocational Rehabilitation (IDVR). The SSBG program and HCBS/DD programs are long-term employment support programs.

VR services assist individuals who have disabilities and who are unemployed because of their disability. Services offered by IDVR include: evaluation, follow-along services, job development and placement, counseling, medical assistance, rehabilitation technology goods and services, and training. VR services are time limited. During 1999, IDVR served 10,363 individuals with disabilities, 8,008 of which were considered to have a significant disability. Approximately 16% of individuals with severe disabilities returned to or found work during 1999.

Vendor reimbursement rates vary. Rates for VR and SSBG community supported employment are \$10 to \$20 per hour higher than the HCBS rate. Consequently, vendors are reluctant to provide services under the HCBS waiver and HCBS employment supports are underutilized.

During the 2001 legislative session, IDHW was authorized permission to study a Medicaid buy-in program. The program would allow people to work and maintain their medical card by buying in to Medicaid. A workgroup was formed to develop implementation policies and then present those policies to the legislature next session.

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Health Care System

Idaho's Medicaid program resembles a managed care approach. The Healthy Connections program is a Primary Care Case Management Model. Enrollment into the program is mandatory in some Idaho counties and voluntary in others.

Medicaid is the largest funding source of public services to people with developmental disabilities. Developmental disability services cost Medicaid \$58,916,910 during FY 1997 and were expected to reach \$76,677,091 during FY 2000.

Idaho has four Medicaid waivers. The Home and Community Based Services waiver for people with developmental disabilities (HCBS/DD) was approved in 1995 and operated under a cap until April 1999. During April 1999, 442 individuals received waived services. By April 2000, the number increased to 727. Services include: specialized family home living, supported living, supported employment, respite care, behavior consultation, non-medical transportation, nursing services, personal emergency response, specialized medical equipment, environmental modifications, chore services, and home delivered meals. In 1997, \$9,434,292 was spent on the HCBS/DD waiver. During 2000, it rose to \$14,497,008 and average per capita expenditures were \$19,200.

Children with disabilities who may not otherwise qualify for Medicaid may be eligible for three alternative health programs. The Katie Beckett program served 655 children in 1999. To qualify, children must require hospital, nursing home, or ICF/MR care and meet certain income requirements. The Child Health Insurance Program (CHIP) provides coverage to children who do not have health insurance and whose family income is less than 150% of the poverty level. In 2000, 6,000 children participated in CHIP. The Children's Special Health Program is administered through the Division of Health's seven district health departments. Medical and rehabilitative services are provided to children who have significant and/or chronic illnesses or conditions.

Educational System

The number of children served by Idaho's special education program has increased. During the 1997-98 school year, 26,223 or 10.6% of students were served in special education programs. The number increased to 28,880 or 11.78% students, during the 1999-2000 school year.

IDEA provides for a free, appropriate, public education for all school age children with disabilities. Federal law also requires that students with disabilities be educated in learning environments with their peers who do not have disabilities unless their needs cannot be met in those settings. The majority of students served in special education programs are placed in regular classrooms. It was reported that 70% of students with disabilities were educated in regular classrooms with support.

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Schools must offer a variety of services to special education students. These services assist a child with a disability benefit from his/her education and include transportation, developmental, corrective and other supportive services. In the 1997-1998 school year, speech/language therapy was in strongest demand, followed by occupational therapy, physical therapy, psychology, school social work and vision care.

The *Consortium for the Preparation of Early Childhood Professionals* created a new certificate and offers another option for teachers and early childhood professionals. The certification combines both general and special education standards relating to early childhood development and teacher preparation.

The US Department of Education Office of Special Education Programs (OSEP) required states to develop and implement statewide self- assessments and improvement plans to evaluate services and programs for children and students with disabilities. Idaho completed its assessment and was rated favorably.

Idaho held its first annual Youth Leadership Forum (YLF) during 2001. The YLF provides leadership training to transition age youth.

Transportation System

Idaho's rural nature makes it difficult to provide public transportation. Public transportation services are divided into two categories, urban and rural. Combined statewide ridership for 1995 was projected at 3.3 million, a 61 percent increase since 1992. The Department of Transportation reports that some form of public transportation service is available to 75 percent of the state's population. Three systems service the state's metropolitan locations (50,000+population); six small city/rural transit systems which serve populations under 50,000; and nearly 70 agencies and organizations providing public transportation services to elderly and individuals with disabilities across the state.

No permanent or dedicated funding program is in place for the state to assist in the provision of public transportation services. Idaho is one of four states which does not fund its public transportation system.

The Division is collaborating with disability advocates to increase service and create opportunities for public participation. Most transportation providers operate during standard business hours. Weekend or evening service is nearly impossible to locate. Since many people with developmental disabilities are dependent on public transportation, access to the community is limited.

Few opportunities exist for public participation. Until disbanded by the Idaho Legislature, six Regional Public Transportation Advisory Committees existed for citizens to provide input. Now, only one opportunity exists, the Public Transportation Advisory Council. The Interagency Workgroup for Public Transportation was revitalized through legislative changes in 2000 and

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provides the opportunity for increased collaboration among transportation providers, consumers and state. The workgroup is co-sponsoring and coordinating a three-county demonstration project, Agencies Coordinating Transportation Together, which integrates public transportation services by using a single point of contact.

Other Systems

Service coordination is available to adults and children with developmental disabilities. Targeted Service Coordinators (TSCs) assist adults develop and achieve their goals through person-centered planning. Service coordination is offered to children as well. Early Periodic Screening, Diagnosis and Treatment (EPSDT) assists families with children find and coordinate health, educational, early intervention, advocacy and social services. In the first three quarters of FY 2000, 1,872 adults and 2,199 children received case management services. Children aged birth to two who receive Infant/Toddler services are also eligible for service coordination. With the exception of Infant/Toddler service coordination, private agencies contract with the Department to provide all service coordination.

Developmental Disability Agencies (DDAs) are private agencies that provide skill training to adults and children with developmental disabilities. The goal is to assist individuals become more independent in their homes and community. Skill training, or developmental therapy, may include teaching an individual how to prepare meals, budget, ride public transportation, or improve/develop social skills. The Department reported that in 1999, 49 private DDAs served 2126 adults and 646 children. The cost of providing developmental therapy is growing as more individuals access the service. During 1999, Medicaid paid \$20,566,557 to public and private DDAs. The amount rose to \$25,603,616 in 2000.

The Family Support Program promotes and enhances a family's capacity to provide care for family members with developmental disabilities. It provides funds that can be used to purchase respite care, specialized evaluations, adaptive equipment, therapies, transportation, housing modifications and other similar services. The programs are located in the regional offices of each Developmental Disabilities Program.

D. Community Services and Opportunities [Section 124(c)(3)(C)(iv,vi,vii,viii)]

Provide a summary of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities. Include information on assistive technology/services and rehabilitation technology, current resources and projected availability of future resources to fund services, and health care and other supports and services received in ICF(MRs) and through Home and Community Based Waivers. (Limit 2,500 Characters)

Strategies to contain the growing cost of Medicaid have been a significant focus of the Idaho Legislature for the past two years. A program for utilization management of community-based services for Idahoans with developmental disabilities is being implemented.

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To meet requirements of the Olmstead decision, the Department of Health and Welfare appointed the Community Integration Committee (CIC) to assess whether Idahoans with disabilities have the necessary services and supports to live in the least restrictive setting appropriate to their needs and, if not, to develop recommendations that would address the barriers. The committee is comprised of agency personnel, consumers and family members.

Idaho has four Medicaid Home and Community-Based Services (HCBS) waivers. Two waivers serve individuals with developmental disabilities. The Idaho State School and Hospital (ISSH) waiver served 53 individuals during State Fiscal Year 2000 at a cost of \$1,178,704. The HCBD/DD waiver served 759 individuals during Federal Fiscal Year 2000 at a cost of \$14,497,008. There are no caps on either of these waivers. A bed and cost cap have been placed on private ICF/MRs.

Quality services and supports are a concern to all. A subcommittee of the Board and Care Council is reviewing staffing and training issues for home-based providers. This may expand to an examination of a statewide training curriculum for direct support personnel. Moreover, a core group of ISSH staff completed a national abuse prevention program. It is anticipated that ISSH will have the capacity to provide technical assistance to community-based providers on this topic.

The Idaho Parent Support Project is a time-limited program and is funded by surplus TANF money. The project offers services to parents with disabilities to help them care for their children. The program will end in September 2001 and there are no plans to seek replacement funding.

Idaho received a HCFA grant for the Medicaid buy-in program. A steering committee is currently developing a plan for implementation. The Department of Health and Welfare, State Independent Living Council and Centers for Independent Living have applied for four Systems Change grants. These grants assist states develop long-term integrated services for people with disabilities.

E. Waiting lists [Section 124(c)(3)(C)(v)]

Provide the name of waiting lists in your state and the number of individuals with developmental disabilities on those lists.

Waiting list name	Number
HUD Section 8 Rental Assistance Program	4414
Idaho Home of Your Own program	101
Community Supported Employment	157

Waiting list narrative

Provide a brief review of the waiting lists in your state. (Limit 2,500 characters)

As of April 2001, there were 101 individuals on the waiting list for Idaho's HOYO program. HOYO is not accepting applications at this time. In the past year, approximately 80 individuals were

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General racial/ethnic barriers:

A relatively small minority population exists in the state. A lack of outreach about services, little knowledge about the system, language and cultural differences and poverty compound the problems and hinder access for minority populations.

2. List and describe any **other unserved/underserved** group(s) and describe the barriers that impede full participation of this group(s). Examples of such groups are religious groups, rural populations, those excluded from eligibility for particular services, particular types of disabilities) (limit general barriers discussion to 500 characters)

Group:

X ☐ Rural communities___

Barriers:

X ☐ Aging Individuals___

X Individuals with significant disabilities

X Families

☐

General barriers:

Idaho's geography creates a barrier for those who live rural communities. Services in rural areas are generally limited or unavailable. Public transportation to Idaho's population centers is scarce.

G. Rationale for Goal Selection [Section 124(c)(3)(E)]

Provide a rationale for goals related to advocacy, capacity building, and systemic change to be undertaken by the Council. (Limit 10,000 characters)

From Federal Fiscal Years 2002 to 2006, the Council will focus a substantial portion of its resources in eight areas of emphasis. These areas include: employment, housing, health, education and early intervention, transportation, quality assurance, formal and informal community supports and cross cutting. The Council established its goals and objectives through a combination of public and Council member input processes.

In preparation for the 2000-2003 Strategic Plan, the Council disseminated a survey in 1999. The survey sought to obtain information on what issues, services or supports were most critical to people with developmental disabilities and their families. A total of 393 Idahoans responded. People with disabilities felt the three most needed services and supports focused on employment,

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accessible and affordable housing, and transportation. Family members perceived the greatest areas of need were for improved staff training, transition, and family support services. To some extent, service providers echoed family members. Providers felt improved staff training, transition services and employment programs were critical.

Focus groups and personal interviews were also mechanisms to gather public input. Social and recreational opportunities, transportation, employment and staff training were also defined as areas of need in Idaho.

During a quarterly Council meeting, a strategic planning session was held. Public input results were disseminated and discussed. Council members discussed the strengths and talents of themselves, staff and the Council as a whole. Past successes were noted and scarce resources were also factored into the equation.

A brainstorming session was conducted to allow Council members to identify needed services and supports. Council members broke into project teams as defined by the previous life areas. Teams again brainstormed, however, this time focused on goals, objectives and strategies the Council could conduct to address the previously defined needs. The full Council was presented with the results of each project team brainstorming session. Using a weighted voting strategy, Council members selected what they perceived as the most critical goals, objectives and strategies.

Staff used the strategic planning meeting outcomes and conveyed those outcomes in proposed goals, objectives and strategies for the Council to review. At the next quarterly Council meeting, members reviewed the draft plan and made few corrections. The agreed upon goals, objectives and strategies in the draft plan were released for public comment and review.

Public comments were considered and incorporated, where possible. Council members voted to accept the state plan during the summer 2000 meeting.

The Five-Year Strategic Plan, to a large extent, expands on the goals and objectives defined in the 2000-2003 Strategic Plan.

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SECTION IV: AREAS OF EMPHASIS AND PERFORMANCE TARGETS

Employment (EM): People get and keep employment consistent with their interests, abilities and needs.

1. Goal EM#_1_

Goal Description: Increase the number of people with developmental disabilities that are employed in jobs of their choice and are paid a competitive wage.

Strategies used in achieving goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☐ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☒ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

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EMPLOYMENT (EM): People get and keep employment consistent with their interest, abilities, and needs.

Goal EM#_1_

2. (a) Objective # 1_

Objective description: By 2006, 63 people with developmental disabilities will be employed in jobs of their choice at a competitive wage.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: X__

(c)Associated Performance Target Number(s):

X_01 _X02 X_03 X_04 __05 X_06 X_07 X__08 X_09 __10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) Idaho Division of Vocational Rehabilitation
- (d) Idaho Department of Health & Welfare
- (e) Small Business Administration
- (f) Workforce Development Council
- (g) Employers
- (h) Idaho Department of Labor
- (i) People with developmental disabilities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

EMPLOYMENT PERFORMANCE TARGETS BY YEAR:

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
EM01	Adults have jobs of their choice through Council efforts	5	7	7	32	32	83
EM02	Dollars leveraged for employment programs	\$71,000	\$121,000	\$71,000			\$263,000
EM03	Employers provide vocational supports to students on the job	20	20	20	20	20	100
EM04	Businesses/employers employed adults	5	5	5	5	5	25
EM05	Employment programs/policies created/improved			1	1	1	3
EM06	People facilitated employment	0	5	10	10	10	35
EM07	People trained in employment	177	27	27	42	42	315
EM08	People active in systems advocacy about employment Self-advocates Family members Others	220	20	20	20	20	300
EM09	People trained in systems advocacy about employment Self-advocates Family members Others	250	50	50	50	50	450
EM10	Other						

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Education and Early Intervention (ED): Students reach their educational potential and infants and young children reach their developmental potential.

1. Goal ED#_1__

Goal Description: Improve the ability of families and students with developmental disabilities to advocate and shape their child's/their own education to fully participate in their school community.

Strategies used in achieving goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☐ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☒ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Education and Early Intervention (ED). Students reach their educational potential and infants and young children reach their developmental potential.

Goal ED#_1__

2. (a) Objective # _1_

1.1 Objective description: By 2006, 250 families will have the skills, knowledge and awareness to advocate for their child's educational rights.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 __02 __03 __04 X_05 X_06 __07 X_08 X_09 X_10
_X11 _X12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known:_X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) ☐ State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Education
- (d) Idaho Department of Health and Welfare
- (e) Idaho Division of Vocational Rehabilitation
- (f) Parents of children with developmental disabilities
- (g) Governor's office
- (h) _____
- (i) _____

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Goal ED#_1__

2. (a) Objective # _2_

Objective description: By 2006, 100 students with developmental disabilities will have the skills, knowledge and awareness to advocate for their educational rights.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

__01 __02 X_03 __04 X_05 X_06 __07 __08 __09 __10
X_11 __12 X_13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: __X

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (j) ☐ State Protection and Advocacy System
- (k) X University Center(s)
- (l) Governor's Office
- (m) Boise Mayor's Committee on Persons with Disabilities
- (n) Boise State University
- (o) Idaho State School & Hospital
- (p) Idaho Department of Education
- (q) Idaho Division of Vocational Rehabilitation
- (r) Idaho Department of Labor
- (s) Advocates for Inclusion
- (t) Students with disabilities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Education and Early Intervention (ED): Students reach their educational potential and infants and young children reach their developmental potential.

1. Goal ED#_2__

Goal Description: Increase the ability of teachers and administrators to include students with developmental disabilities in general education classrooms and the school community.

Strategies used in achieving goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☐ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☒ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Goal ED#_2__

2. (a) Objective # _1_

Objective description: By 2006, 160 teachers and administrators will have the skills and knowledge in collaboration to meet students' needs.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 X_02 X_03 __04 __05 X__06 X__07 X__08 X_09 X__10
X_11 __12 X_13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: _X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (u) X State Protection and Advocacy System
- (v) X University Center(s)
- (w) Idaho Department of Education
- (x) Idaho Parents Unlimited
- (y) Idaho Education Association
- (z) Idaho Association of School Administrators
- (aa) Local Education Agencies
- (bb) Advocates for Inclusion
- (cc) Idaho Infant Toddler Committee
- (dd) Special Education Advisory Panel
- (ee) Consortium for the Preparation of Early Childhood Professionals
- (ff) Parents of children with disabilities
- (gg) Governor's Office
- (hh) State and federal legislators
- (ii) Idaho Department of Health and Welfare

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

EDUCATION AND EARLY INTERVENTION PERFORMANCE TARGETS BY YEAR.

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
ED01	Students have the education and support they need to reach their educational goals through Council efforts	91	92	92	92	92	459
ED02	Infants and young children have the services/supports needed to reach developmental goals through Council efforts	1157	1157	1157	1157	1157	5785
ED03	Students transitioned from school to community and jobs	45	20	20	20	20	125
ED04	Children transitioned from early intervention and pre-school to inclusive classrooms/schools	34	34	34	34	34	170
ED05	Dollars leveraged for education	\$40,000	\$35,000	\$30,000	\$30,000	\$30,000	\$165,000
ED06	Education programs/policies created/improved	30	27	27	22	22	128
ED07	Post-secondary institutions improved inclusive education	6	6	6	3	3	9
ED08	Schools improved IEP practices	55	55	55	55	55	275
ED09	People facilitated inclusive education	71	72	72	72	72	359
ED10	People trained in inclusive education	144	149	149	149	149	740
ED11	People active in systems advocacy about inclusive education Self-advocates Family members Others	91	92	92	92	92	459
ED12	Parents trained regarding their child's educational rights	91	92	92	92	92	459
ED13	Other --policymakers educated	135	135	135	135	135	675

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Housing (HO): Adults choose where and with whom they live.

1. Goal HO#_1__

Goal: Improve the ability of Idaho communities to include and meet the housing needs of people with developmental disabilities.

Strategies used in achieving goal:

- ☒ Outreach
- ☐ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Housing (HO): Adults choose where and with whom they live.

Goal HO#_1_

2. (a) Objective # _1_

Objective description: By 2006, 180 people with developmental disabilities will have expanded housing options.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X01 X_02 __03 __04 X_05 X_06 X_07 X_08 X_09 X_10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known:___X

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) ☒ State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) Idaho Department of Health & Welfare
- (d) Brain Injury Association of Idaho
- (e) Idaho State University
- (f) Private social service vendors
- (g) Individuals with disabilities and their families
- (h) Public Housing Authorities
- (i) State Independent Living Council

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

HOUSING PERFORMANCE TARGETS BY YEAR.

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
HO01	Individuals have homes of their choice through Council efforts	30	30	40	40	40	180
HO02	People move from congregate settings to homes in the community	30	30	10	10	10	90
HO03	Dollars leveraged for housing						
HO04	Banks make mortgage funds available to enable people to own their own homes						
HO05	Housing programs/policies created/improved	1	2	2	1	1	7
HO06	Units of affordable, accessible housing made available	10	10	10	10	10	50
HO07	People facilitated home ownership/rental	34	34	4	4	4	80
HO08	People trained in housing	135	139	77	77	77	505
HO09	People active in systems advocacy about housing Self-advocates Family members Others	98	98	37	37	37	307
HO10	People trained in systems advocacy about housing Self-advocates Family members Others	135	139	77	77	77	505
HO11	Other						

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Health (HE): People are healthy and benefit from the full range of needed health services.

1. Goal HE#_1__

Goal Description: Increase the resources available to Idahoans with developmental disabilities to access the medical and other health services they need.

Strategies used in achieving goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Health (HE): People are healthy and benefit from the full range of needed health services.

Goal HE#_1__

2. (a) Objective # _1_

Objective description: By 2006, 75 people with developmental disabilities will have expanded or enhanced health coverage to meet their needs.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 __02 X_03 X_04 X_05 X_06 X_07 __08 __09 __10

__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: _X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Health & Welfare
- (d) State Independent Living Council
- (e) Centers for Independent Living
- (f) Idaho Parents Unlimited
- (g) Individuals with developmental disabilities
- (h) Private service providers
- (i) Legislators & Congressional delegates

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

HEALTH PERFORMANCE TARGETS BY YEAR.

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
HE01	People have needed health services through Council efforts	30	35	65	70	80	280
HE02	Dollars leveraged for health services						
HE03	Health services programs/policies created/improved	1	1				2
HE04	People improved health services	10	10	15	20	30	85
HE05	People trained in health services	316	320	320	320	320	1596
HE06	People active in systems advocacy about health services Self-advocates Family members Others	346	350	350	350	350	1746
HE07	People trained in systems advocacy about health services Self-advocates Family members Others	346	350	350	350	350	1746
HE08	Other						

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Transportation (TR): People have transportation services for work, school, medical, and personal needs

1. Goal TR#_1__

Goal Description: Enhance transportation services for Idahoans with developmental disabilities, particularly in rural areas.

Strategies used in achieving goal:

- ☒ Outreach
- ☐ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☒ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Transportation (TR): People have transportation services for work, school, medical, and personal needs

Goal TR#_1__

2. (a) Objective # _1_

Objective description: By 2006, 45 people with developmental disabilities will have improved access to transportation services to meet their needs.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 __02 X_03 __04 X_05 X_06 X_07 __08 __09 __10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: __X

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) Idaho Department of Transportation
- (d) Idaho Department of Health & Welfare
- (e) State Independent Living Council
- (f) Centers for Independent Living
- (g) Private transportation providers
- (h) Idaho Commission on Aging
- (i) Idaho Department of Education
- (j) Local Education Agencies
- (k) Head Start

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

TRANSPORTATION PERFORMANCE TARGETS BY YEAR:

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
TR01	People have transportation services through Council efforts.	5	5	10	15	15	50
TR02	Dollars leveraged for transportation programs						
TR03	Transportation programs/policies created/improved	1	1	1	1	1	5
TR04	People facilitated transportation						
TR05	People trained in transportation	28	32	32	32	32	156
TR06	People active in systems advocacy about transportation Self-advocates Family members Others	28	42	42	32	32	176
TR07	People trained in systems advocacy about transportation Self-advocates Family members Others	28	42	42	32	32	176
TR08	Other						

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Quality Assurance (QA): People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

1. Goal QA#_1_

Goal Description: Improve the ability of people with developmental disabilities and their families to control their lives, take risks and manage their own resources.

Strategies used in achieving goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☐ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☒ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Quality Assurance (QA): People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Goal QA#_1__

2. (a) Objective # 1__

Objective description: By 2006, 125 adults with developmental disabilities will control their lives by managing their own resources.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 __02 __03 X_04 X_05 X_06 _X07 X_08 __09 X_10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: _X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Health & Welfare
- (d) Idaho Parents Unlimited
- (e) Individuals with developmental disabilities
- (f) _____
- (g) _____
- (h) _____

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Quality Assurance (QA): People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Goal QA#_1__

2. (a) Objective # _2_

Objective description: By 2006, 200 adults with developmental disabilities and their families will gain skills to increase self-determination.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 X_02 __03 X_04 X_05 X_06 X_07 X_08 X_09 X_10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: _X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Health & Welfare__
- (d) Idaho Division of Vocational Rehabilitation
- (e) Idaho Department of Education
- (f) Idaho Parents Unlimited
- (g) Individuals with developmental disabilities
- (h) State Independent Living Council
- (i) Independent Living Centers

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Quality Assurance (QA): People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Goal QA#_1__

2. (a) Objective # 3_

Objective description: By 2006, 8 grass roots groups that are led by people with developmental disabilities will be established in Idaho.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 __02 __03 X_04 X_05 X_06 X_07 X_08 X_09 X_10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: _X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) X University Center(s)
- (c) Individuals with developmental disabilities
- (d) People First Chapters
- (e) Idaho Department of Health and Welfare
- (f) _____
- (g) _____
- (h) _____

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

QUALITY ASSURANCE PERFORMANCE TARGETS BY YEAR

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
QA01	People benefiting from quality assurance efforts of the Council	44	46	46	46	46	228
QA02	Dollars leveraged for quality assurance programs	\$59,000	\$59,000	\$59,000	\$59,000	\$59,000	\$295,000
QA03	Quality Assurance programs/policies created/improved						
QA04	People facilitated quality assurance	30	30	30	30	30	150
QA05	People trained in quality assurance	30	34	34	34	34	166
QA06	People active in systems advocacy about quality assurance Self-advocates Family members Others	30	34	34	34	34	166
QA07	People trained in systems advocacy about quality assurance Self-advocates Family members Others	119	123	123	108	108	581
QA08	People trained in leadership, self-advocacy, and self-determination	668	168	108	108	108	1160
QA09	People attained membership on public and private bodies and other leadership coalitions	22	22	22	22	22	110
QA10	Number of entities participating in partnerships or coalitions created or sustained as a result of Council efforts	85	85	70	70	70	380
QA11	Other						

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Formal and Informal Community Supports (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life

1. Goal CS#__1__

Goal Description: Improve the ability of Idaho communities to include and meet the needs of people with developmental disabilities.

Strategies used in achieving goal:

- ☒ Outreach
- ☒ Training
- ☒ Technical Assistance
- ☒ Supporting and Educating Communities
- ☒ Interagency Collaboration and Coordination
- ☒ Coordination with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems design, and Redesign
- ☒ Coalition Development and Citizen Participation
- ☒ Informing Policymakers
- ☒ Demonstration of New Approaches to Services and Supports
- ☐ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Formal and Informal Community Supports (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life

Goal CS#_1__

2. (a) Objective # _1_

Objective description: By 2006, 30 community-based programs will include people with developmental disabilities.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 __02 X_03 X_04 X_05 X_06 X_07 __08 __09 __10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known:_X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) ☐ University Center(s)
- (c) Individuals with developmental disabilities
- (d) Idaho Department of Health & Welfare
- (e) Statewide non-profit organizations, civic groups
- (f) Governor's office
- (g) _____
- (h) _____
- (i) _____

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Formal and Informal Community Supports (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life

Goal CS#_1__

2. (a) Objective # _2_

Objective description: By 2006, individuals with developmental disabilities and their families will collaborate with community developers/organizers in 10 communities to increase the communities' ability to meet the needs of individuals with developmental disabilities.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: _X_

(c)Associated Performance Target Number(s):

X_01 X_02 X_03 X_04 X_05 X_06 X_07 __08 __09 __10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: _X_

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Health & Welfare
- (d) Idaho Parents Unlimited
- (e) Community Action Organizations
- (f) Idaho Migrant Council_
- (g) Regional family Support Councils
- (h) Statewide non-profit organizations
- (l) Idaho Commission on Aging

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Formal and Informal Community Supports (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life

Goal CS#_1__

2. (a) Objective # _3_

Objective description: By 2006, 40 public and private service providers will have access to competency-based training curriculums for direct support professionals.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: X

(c)Associated Performance Target Number(s):

X_01 X_02 X_03 X_04 X_05 X_06 X_07 __08 __09 __10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: X

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Health & Welfare
- (d) Idaho State School and Hospital
- (e) Private service providers
- (f) People with developmental disabilities
- (g)
- (h)
- (i)

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

COMMUNITY SUPPORTS PERFORMANCE TARGETS BY YEAR

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
CS01	Individuals receive formal/informal community supports through Council efforts.	1041	1055	1055	1055	1055	5271
CS02	Dollars leveraged for formal/informal community supports	\$85,000	\$90,000	\$10,000	\$10,000	\$10,000	\$205,000
CS03	Formal/Informal community supports programs/policies created/improved	23	35	9	9	9	85
CS04	People facilitated formal/informal community supports	79	108	108	108	128	531
CS05	People trained in formal/informal community supports	942	427	427	427	427	2650
CS06	People active in systems advocacy about formal/informal community supports Self-advocates Family members Others	129	133	133	136	136	667
CS07	People trained in systems advocacy about formal/informal community supports Self-advocates Family members Others	149	153	163	163	173	801
CS08	Buildings/public accommodations became accessible						
CS09	Other						

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Cross Cutting (CC): The following represent those Council activities that impact all Areas of Emphasis

1. Goal CC#_1_

Goal Description: Increase awareness and understanding of issues that impact people with developmental disabilities and their families.

Strategies used in achieving goal:

- X_ Outreach
- X_ Training
- X_ Technical Assistance
- X_ Supporting and Educating Communities
- X_ Interagency Collaboration and Coordination
- X_ Coordination with Related Councils, Committees and Programs
- ___ Barrier Elimination, Systems design, and Redesign
- X_ Coalition Development and Citizen Participation
- X_ Informing Policymakers
- ___ Demonstration of New Approaches to Services and Supports
- ___ Other Activities

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

Cross Cutting (CC): The following represent those Council activities that impact all Areas of Emphasis

Goal CC#_1_

2. (a) Objective # _1

Objective description: By 2006, policymakers, agencies, organizations and the public will be educated about the abilities of and challenges people with developmental disabilities and their families encounter.

(b)Expected Year of Accomplishment:

Year One:____ Year Two:____ Year Three:____
Year Four: ____ Year Five: __X__

(c)Associated Performance Target Number(s):

X_01 X_02 X_03 __04 __05 __06 __07 __08 __09 __10
__11 __12 __13 __14 __15 __16 __17 __18 __19 __20

3.Resources to be Allocated for this Objective (if known):

Check if not known: __X

Resources:\$_____

4. Intermediaries/Collaborators Planned for this Objective (if known):

- (a) X State Protection and Advocacy System
- (b) X University Center(s)
- (c) Idaho Department of Health & Welfare
- (d) State Independent Living Council
- (e) Idaho Parents Unlimited
- (f) Idaho Department of Education
- (g) Idaho Division of Vocational Rehabilitation
- (h) Statewide non-profit organizations & civic groups
- (l) Individuals with developmental disabilities
- (j) Legislators and Congressional delegates
- (k) Governor's office

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

CROSS CUTTING PERFORMANCE TARGETS BY YEAR

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Yr4	Yr5	Total
CC01	Public policymakers educated by Council about issues related to Council activities	135	135	135	135	135	675
CC02	Copies of products distributed to policymakers about issues related to Council activities	510	510	510	510	510	2550
CC03	Members of the general public estimated to have been reached by Council public education, awareness and media activities	190,700	192,700	192,700	192,700	192,700	961,500

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

SECTION V: ASSURANCES Section[124(c)(5)(A)-(N)]

- A.** X Written and signed assurances have been submitted to the Regional Office, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act. A form for assurances is included with the instructions.

B. Approving Officials for Assurances

1. X For the Council (Chairperson)

2. X For DSA, when not Council

**FIVE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

SECTION VI: PROJECTED COUNCIL BUDGET [Section 125(c)(8)]

Cost Categories – Areas of Emphasis, General and DSA Functions

CATEGORY	Subtitle B \$	Other(s) \$	TOTAL
1. Employment			
2. Education & Early Intervention			
3. Housing			
4. Health			
5. Child Care			
6. Recreation			
7. Transportation			
8. Quality Assurance			
9. Formal & Informal Community Supp.			
10. General management (Personnel, Budget/Finance/Reporting)			
11. Functions of the DSA			
12. TOTAL	\$	\$	\$

SECTION VII: PUBLIC INPUT AND REVIEW [Section 124(d)] Summarize the Council's process for public notice, input and review including how the Council revises the plan to take into account and respond to significant comments.

Four mechanisms were used to obtain public input. First, the Council published a notice in Idaho's largest and geographically representative newspapers. Readers had 45 days to comment on the plan. Secondly, the public comment period was advertised in the Council's newsletter with a reach of 4600 households. Next, interested parties could obtain a copy of the report on the Council's web site and e-mail suggestions. Lastly, Council members and disability advocates were encouraged to review the plan and forward it to others.

SECTION VIII: EVALUATION PLAN. [Section 125(c)(3)(C)] Summarize the Council's plan for monitoring, reviewing and evaluating this State Plan at least annually. (limit to 1,000 characters)

On an ongoing basis, staff reviews, evaluates and analyzes Council activities. If the goals and objectives are not met, strategies are revisited to determine another approach to obtaining the desired outcome. Council members have the opportunity to provide feedback and offer suggestions during quarterly council meetings, through conference calls or by e-mail.

FIVE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

An annual report is prepared and disseminated to policymakers, state agencies, disability organizations, the public, individuals with developmental disabilities and their families and other DD councils. The report highlights Council accomplishments.